graduates are required to serve an additional year in an approved hospital before they are registered to practice. The instruction in the University is in Arabic, although French and English are employed in technical terms and phraseology.

Schools of dentistry, pharmacy and nursing also function within the Faculty of Medicine. The School of Nursing is associated with the National Hospital, which is operated by the medical faculty. The course of training covers three years, with provision for a fourth year in midwifery. Practical nurses' training programs for girls are carried on in a few private institutions. Courses for the training of male nurses are furnished in all the larger government hospitals.

Personnel

Physicians. Between 670 and 726 physicians were practicing in Syria in 1951. The majority were established in the larger towns and cities. Approximately one half of the total were located in the province of Damascus and over one quarter in the province of Aleppo. The medical personnel of the Ministry of Health numbered 135, including 6 doctors on the headquarters administrative staff and 7 or 8 in the government laboratories. Five doctors were connected with the municipal health organization in Damascus, 5 in Aleppo and 1 each in Homs and Hama.

Dentists. From 175 to 209 dentists were registered in the country. About 75 per cent resided in Damascus, the remainder in Aleppo.

Nurses. In 1951, also, there were 352 male and female nurses. About 62 female nurses and an equal number of male nurses were employed by the Ministry of Health.

Others. From 148 to 210 graduate midwives, the majority of whom had preliminary nursing training, were practicing in Syria. They were about equally divided between the provinces of Damascus and Aleppo. Large numbers of untrained midwives worked in the rural villages in all

844 parts of the country. The graduate pharmacists totaled 214.

DISEASES

659 Widespread discrepancies in reporting de-
165 tract from the validity of the morbidity and the mortality statistics. Among the two thirds or more of the population living in the rural villages, not only is the reporting of cases of illness and death poor, but the accuracy of diagnosis is often questionable. In a total of 15,457 deaths officially recorded in 1949, almost 35 per cent were listed as due to "ill-defined, unknown or unspecified" causes. Facilities for laboratory confirmation are lacking outside the larger population centers, and confusion is frequently evident in the differentiation of related infections. Reporting is negligible in the more remote areas, and particularly
659 among the Bedouin tribes. Except in the
165 course of special surveys, or when abnor-
758 mal epidemic conditions necessitate the enforcement of preventive measures, medical treatment is seldom accessible to the in-
659 habitants of such regions. Even in cities,
165 where the degree of reporting is considerably higher than in the rural areas, the morbidity statistics reflect a general tendency to evade the reporting of certain infectious diseases for fear of isolation. The records of cases treated in the government hospitals, which cannot be regarded as representative, and the reports of particular investigations or surveys provide the most reliable data for the evaluation of the prevalence and the distribution of specific diseases.

Diseases Spread or Contracted Chiefly Through Intestinal or Urinary Tract

164 **Typhoid and Paratyphoid Fevers.** Enteric fevers are endemic, and, in the opinion of the local authorities, a high degree of immunity resulting from repeated exposure to infection exists among the inhabitants.
164 Cases of typhoid fever occur throughout the
364 year, with the peak of incidence usually between June and December, when the con-